No. 19056

Musgrave

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 878-5305

APPLICATION FOR- (Not a Permit) (✓) Improvements Permit (✓) Zoning Permit ( ) Special Use ( ) Subdivision ( ) Other Approval

Proposed Use: Construct Dwelling

Location: 1100 ft Oak Tree Rd, 1.5 Mi on rt

Tax Map No.	Township	Jurisdiction	Zoning
2K-6-A-21K	Davidson	Iredell	RR

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Sec 9	216		( ) yes ( ) no

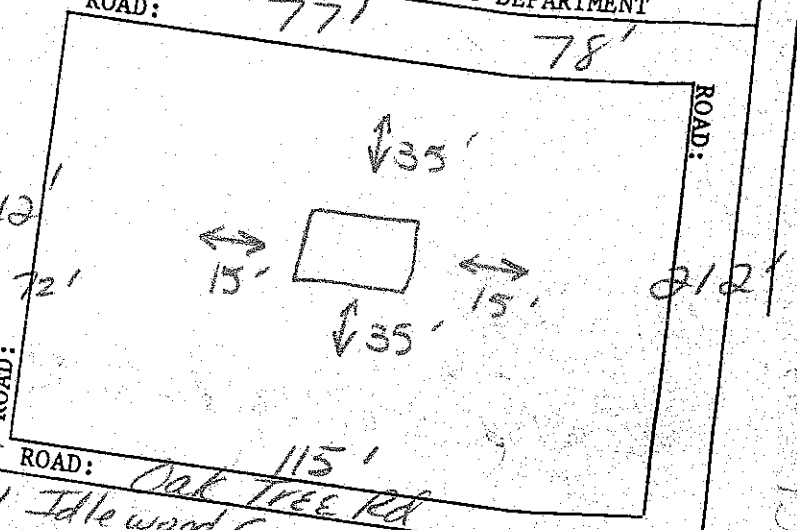
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed

TAX MAP NO.

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.



#15-2
25-HD
$40.

83148
083148

OWNER: William Musgrave

ADDRESS: 3001 Idlewood Cr. Char. 28209

PHONE NO.: 568-5550

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

X William Musgrave
Signature of Owner or Authorized Agent

6/16/94
Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 30,000 sq. ft. Front yard depth 35 ft. Corner yard depth _____ ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS:

Updated 1/2/95 K. Hewitt

ZONING ADMINISTRATION DIVISION

K. Hewitt

Approved by

6/16/94

WHITE: Original CANARY: Inspection Copy PINK:

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

L.C. DELLINGER BLDG	827-4669	1633 S. Hwy 16	STANLEY	NC	28164
Applicant	Phone #	Mailing Address	City	State	Zip Code

BILL MUSGRAVE	3001 IDLEWOOD CIRCLE	CHARLOTTE	NC	28209
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

482 OAK TREE ROAD	LOT #216	—	—
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

EXISTING WELL-PRIVATE		2K-6A-216
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property _____

TYPE OF FACILITY: (use check (X) or number as appropriate)

House Y Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 3

No. Persons or Employees (commercial only) _____ Basement NO Basement with Plumbing _____

Crawl Space Y Concrete Slab _____ Garbage Disposal Y Jaccuzi or spa Y

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

2-21-95 DATE L.C. Dellinger, Jr. /Sme SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

William O. Musgrave	704/343-0426	3001 Idlewood Circle	Charlotte	NC	28209
Applicant	Phone #	Mailing Address	City	State	Zip Code

Same as above				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

482 Oak Tree Road	216	Section 9	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property - Turn right on Oak Tree Road from Brawley School Road south of Williamson Road. Follow Oak Tree 1.5 miles to property on right.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 3.5

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space X Concrete Slab _____ Garbage Disposal Yes Jaccuzi or spa Yes

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

10-27-94 DATE W M Musgrave SIGNATURE OF OWNER/AUTHORIZED AGENT